

For office use only

For Manufacturing use Flex Ø

Flex Code

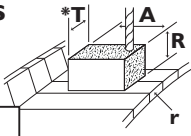
For assistance please contact David O'Sullivan - 0044(0)1792 763078 or Jon O'Brien - 0044(0)1792 763061

|                       |  |
|-----------------------|--|
| Contact Name & Email: |  |
| Site & Tel No:        |  |
| Customer Third Party: |  |
| Customer Part No:     |  |
| Customer Order No:    |  |

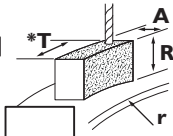
|                      |                                                          |
|----------------------|----------------------------------------------------------|
| Quantity Req:        |                                                          |
| Date Req:            |                                                          |
| Item No:             |                                                          |
| Quote Ref:           |                                                          |
| Cust. Order line No: |                                                          |
| Repeat order:        | Yes <input type="checkbox"/> No <input type="checkbox"/> |

### Dimensions

Commutator   
Commutator diameter if known =



Slip ring   
Slip ring diameter if known =



Dimensions (mm/inches)

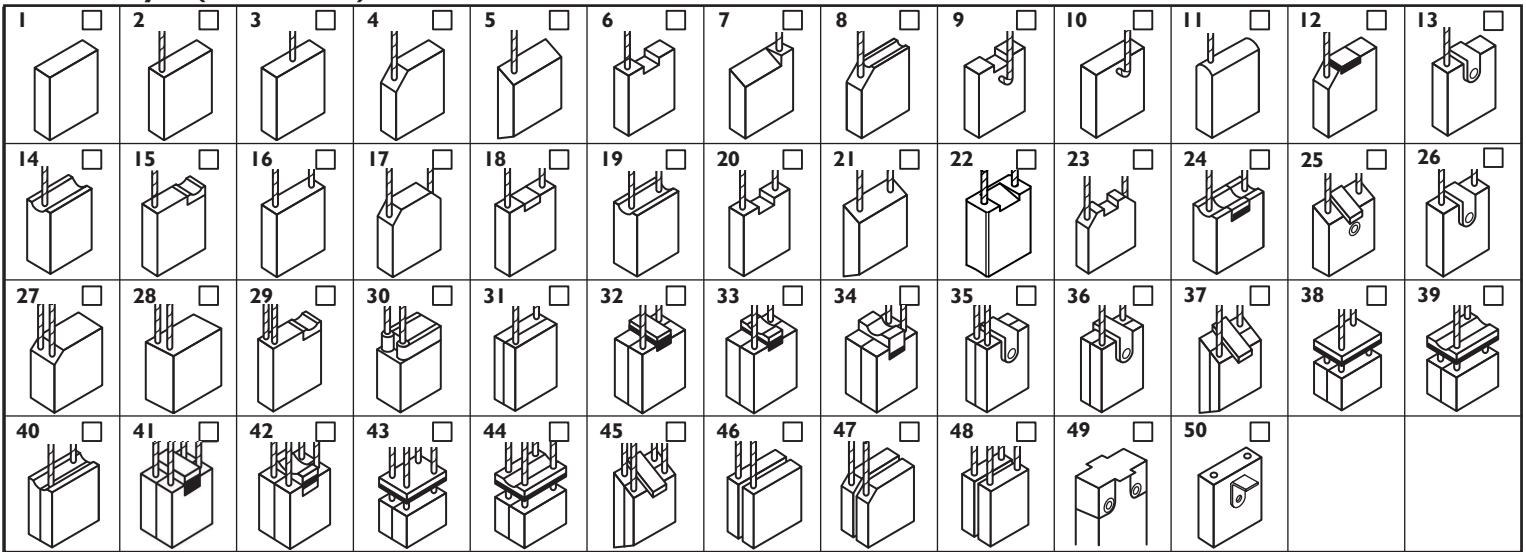
\*Tangential  
Axial  
Radial  
Worn (y/n)

Please Note\* Total brush thickness per pocket

### Brush Markings & Machine Details

|                                 |             |  |
|---------------------------------|-------------|--|
| Brush Grade or Marking on Brush |             |  |
| Voltage (V)                     | Current (A) |  |
| Machine OEM                     | Speed (RPM) |  |
| No. Brushes per arm ring        |             |  |

### Brush Style (Front view)



### Tops - Please indicate if required & dimensions

|                                                                                         |                                                                                                                    |                                                                                     |                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Slot in top of brush</b><br>A = <input type="text"/><br>B = <input type="text"/><br> | <b>Radius in brush top</b><br>A = <input type="text"/><br>B = <input type="text"/><br>r = <input type="text"/><br> | <b>Metal coverplate</b><br>A = <input type="text"/><br>B = <input type="text"/><br> | <b>Composite insulating top</b><br>A = <input type="text"/><br>B = <input type="text"/><br>C = <input type="text"/><br>D = <input type="text"/><br>r = <input type="text"/><br> |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Flexible

Plain   
 Tinned   
 Riveted   
 Insulation required Yes  No   
 Please Indicate Flex Length  
 Flex length:  mm No. Flexes:

### Insulation

### Commutation Chimney/Dust Groove - Please indicate if required

|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

### Terminal (Front view)

|                                                                                                                                                                                                     |                          |                          |                          |                          |                          |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/>                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Internal <input type="checkbox"/> |
| No of Terminals <input type="text"/><br>Slot Width/Hole Ø <input type="text"/><br>Terminal Width <input type="text"/><br>Extra Detail Open <input type="checkbox"/> Closed <input type="checkbox"/> |                          |                          |                          |                          |                          |                                   |

### Terminal Detail

Wear Line Yes  No

### Extra Details/Sketch

Information in this box takes precedence over all other information

### Radius

### Bevels & Relevant Flex Position

|                          |                          |                                                                                                                                                 |
|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Top = <input type="text"/><br>Bottom = <input type="text"/><br>A = <input type="text"/><br>B = <input type="text"/><br>R = <input type="text"/> |
|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|